

APPLICATION FOR DRUG DISPENSING REGISTRATION
IN THE STATE OF WEST VIRGINIA

(For the Period Ending June 30, 2013)

Legislative Rule 11 CSR 5 pertains to dispensing physicians. Those of you who determine that you will be dispensing physicians must complete this form and return to the Board with the appropriate fee. If more than three (3) locations, you may copy this page and provide the additional locations on the copy. You will be mailed a dispensing registration certificate for each location. Please note that you may register only at an office address located in West Virginia. You may not use your home address. Remember to include the appropriate fee for **each** location listed where drugs are dispensed.

FEES: _____ \$30 for each location **issued** between 7/1/11 and 6/30/12, expiring 6/30/13
_____ \$15 for each location **issued** between 7/1/12 and 6/30/13, expiring 6/30/13

NAME:

_____	_____	_____	_____	_____
Last	First	Middle	Suffix	WV License Number

Location 1:

_____			_____	
West Virginia Office Address Where Drugs Dispensed			Telephone No.	
West Virginia				
_____		_____	_____	_____
City		County	State	Zip

Location 2:

_____			_____	
West Virginia Office Address Where Drugs Dispensed			Telephone No.	
West Virginia				
_____		_____	_____	_____
City		County	State	Zip

Location 3:

_____			_____	
West Virginia Office Address Where Drugs Dispensed			Telephone No.	
West Virginia				
_____		_____	_____	_____
City		County	State	Zip

Return to: **West Virginia Board of Medicine**
101 Dee Drive, Suite 103
Charleston, WV 25311

Reg. No. _____
BOARD USE ONLY